

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2003 calendar year, or tax year beginning Oct 1, 2003, and ending Sep 30, 2004

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instructions.

C Name of organization

Survivors and Victims Empowered

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

P.O. Box 3030

City, town or country

Lancaster

State ZIP code + 4

PA 17604-3030

D Employer Identification Number

86-0676254

E Telephone number

(717) 569-0550

F Accounting method:

☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: ▶ N/A

J Organization type (check only one)

☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,246,761.

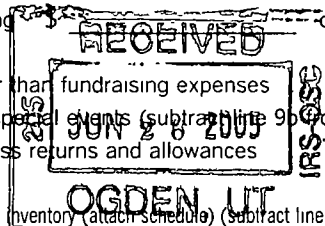
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	1,225,747.	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 1,179,086. noncash \$ 46,661.)	1d	1,225,747.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	20,974.	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe) ▶	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	
b	Less cost or other basis and sales expenses	(B) Other	8b	
c	Gain or (loss) (attach schedule)	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including contributions reported on line 1a)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	40.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,246,761.	
13	Program services (from line 44, column (B))	13	621,117.	
14	Management and general (from line 44, column (C))	14	154,224.	
15	Fundraising (from line 44, column (D))	15	682,285.	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	1,457,626.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-210,865.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-220,075.	
20	Other changes in net assets or fund balances (attach explanation)	20	0.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-430,940.	

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ 0. non-cash \$ 131,002.)	22 131,002.	131,002.		
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 175,039.	143,182.	21,530.	10,327.
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28 23,320.	19,076.	2,868.	1,376.
29	Payroll taxes	29 13,368.	10,935.	1,644.	789.
30	Professional fundraising fees	30 574,189.	115,109.	16,362.	442,718.
31	Accounting fees	31 9,725.	0.	9,725.	0.
32	Legal fees	32			
33	Supplies	33 2,074.	1,697.	255.	122.
34	Telephone	34 10,886.	8,904.	1,339.	643.
35	Postage and shipping	35 286,810.	80,244.	10,801.	195,765.
36	Occupancy	36 12,447.	10,344.	1,477.	626.
37	Equipment rental and maintenance	37 1,994.	1,631.	245.	118.
38	Printing and publications	38 46,259.	44,892.	924.	443.
39	Travel	39 6,953.	6,953.	0.	0.
40	Conferences, conventions, and meetings	40 3,063.	3,063.	0.	0.
41	Interest	41 1,524.	1,246.	188.	90.
42	Depreciation, depletion, etc (attach schedule)	42 1,069.	875.	131.	63.
43	Other expenses not covered above (itemize)				
a	Registrations	43a 4,213.	0.	4,213.	0.
b	Insurance	43b 1,914.	1,566.	235.	113.
c	List Rent and Management	43c 30,972.	18,601.	2,930.	9,441.
d	Other Expenses	43d 7,468.	1,961.	1,356.	4,151.
e	See Other Expenses Stmt	43e 113,337.	19,836.	78,001.	15,500.
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 1,457,626.	621,117.	154,224.	682,285.

Joint Costs. Check ☒ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☒ Yes ☐ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ 1,152,849. , (ii) the amount allocated to Program services

\$ 411,753. , (iii) the amount allocated to Management and general \$ 60,477. , and (iv) the amount allocated to Fundraising \$ 680,619.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☒ See attached Statement of Purpose

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts, but
optional for others.)

a	Public Awareness	(Grants and allocations \$ 0.)	481,053.
b	Assistance	(Grants and allocations \$ 131,002.)	140,064.
c		(Grants and allocations \$)	
d		(Grants and allocations \$)	
e	Other program services	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		621,117.

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	7,629.	45	16,291.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 562.		
	b Less: allowance for doubtful accounts	47b	47c	562.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	128,092.	52	3,000.
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment, basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment, basis	57a 37,884.			
b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 35,349.	3,599.	57c	2,535.
58 Other assets (describe <input type="checkbox"/> Security Deposit)	1,474.	58	1,474.	
59 Total assets (add lines 45 through 58) (must equal line 74)	140,794.	59	23,862.	
LIABILITIES	60 Accounts payable and accrued expenses	355,211.	60	443,276.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	5,658.	63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> Payroll Taxes Payable)		65	11,526.
	66 Total liabilities (add lines 60 through 65)	360,869.	66	454,802.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	-304,416.	67	-430,940.
	68 Temporarily restricted	84,341.	68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	-220,075.	73	-430,940.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	140,794.	74	23,862.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,246,761.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) _____ \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,246,761.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) _____ \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,246,761.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,457,626.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) _____ \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,457,626.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) _____ \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,457,626.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
L. Philip Sheldon Jr 264 Little Creek Road, Lancaster, PA 17603	Chairman/Pres 40	66,393.	11,660.	0.
Jim Hughes 1945 E. State Street, East Petersburg, PA, 17520	Executive Director 40	74,811.	11,660.	0.
Dianne K. Renfro 327 Regents Drive, Lititz, PA 17543	Asst Secretary-Treasurer 32	33,835.	0.	0.
See attached schedule. See attached schedule.	Var Var	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

☐ Yes

☒ No

If 'Yes,' attach schedule — see instructions

Part VII Analysis of Income-Producing Activities (See instructions)**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a List Rental Income					20,974.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b Other Income					40.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					21,014.
105 Total (add line 104, columns (B), (D), and (E))					21,014.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Income from rental of mailing lists.
103a	Other amounts received in pursuit of exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

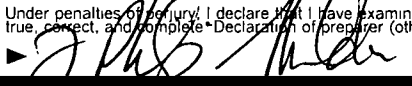
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No**Note:** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
	<div style="display: flex; justify-content: space-between;"> <div>  </div> <div> Date <u>06/20/05</u> </div> </div>
	IDENT
	<div style="display: flex; justify-content: space-between;"> <div>Date</div> <div>Check if</div> <div>Preparer's SSN or PTIN (see General instructions)</div> </div>

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2003

Name of the organization

Survivors and Victims Empowered

Employer identification number

86-0676254

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000		None		

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Newport Creative Communications		
33 Railroad Avenue, Duxbury, MA 02232-3807	Informational and Fundraising	417,728.
Preferred Community Services, Inc.		
5656 W. 74th Street; Indianapolis, In 46278	Information and Fundraising	106,544.
Total number of others receiving over \$50,000 for professional services		None

Part III Statements About Activities (See instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ 0.

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

See Part V, Form 990

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,481,222.	1,651,885.	1,366,637.	3,268,411.	7,768,155.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	12,116.	6,360.	6,985.	53,147.	78,608.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	151.				151.
23 Total of lines 15 through 22	1,493,489.	1,658,245.	1,373,622.	3,321,558.	7,846,914.
24 Line 23 minus line 17	1,481,373.	1,651,885.	1,366,637.	3,268,411.	7,768,306.
25 Enter 1% of line 23	14,935.	16,582.	13,736.	33,216.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	155,366.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	0.
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	7,768,306.
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 151. 26b 0.		26d	151.
e Public support (line 26c minus line 26d total)		26e	7,768,155.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	100.00 %

27 Organizations described on line 12:			
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____			
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____			
c Add: Amounts from column (e) for lines. 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c	
d Add: Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?**29**

Yes No

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?**30****31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?**31**

If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)

32 Does the organization maintain the following.**a** Records indicating the racial composition of the student body, faculty, and administrative staff?**32a****b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?**32b****c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?**32c****d** Copies of all material used by the organization or on its behalf to solicit contributions?**32d**

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)

33 Does the organization discriminate by race in any way with respect to**a** Students' rights or privileges?**33a****b** Admissions policies?**33b****c** Employment of faculty or administrative staff?**33c****d** Scholarships or other financial assistance?**33d****e** Educational policies?**33e****f** Use of facilities?**33f****g** Athletic programs?**33g****h** Other extracurricular activities?**33h**

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)

34a Does the organization receive any financial aid or assistance from a governmental agency?**34a****b** Has the organization's right to such aid ever been revoked or suspended?**34b**

If you answered 'Yes' to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If 'No,' attach an explanation**35**

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table –			
If the amount on line 40 is –	The lobbying nontaxable amount is –		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

BAA

Schedule A (Form 990 or 990-EZ) 2003

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Bank Charges	13,141.	36.	13,056	49.
Contract Services	19,980.	0.	19,980.	0.
Internet and Website costs	6,285.	5,129.	779.	377.
Caging Services	41,961.	0.	41,961.	0.
Computer	195.	160.	24.	11.
Taxes and Lisenses	0.	0.	0.	0.
Public Relations	3,275.	2,679.	403.	193.
Public Awareness Campaign	28,500.	11,832.	1,798	14,870.
Total	<u>113,337</u>	<u>19,836.</u>	<u>78,001.</u>	<u>15,500.</u>

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Furniture and Equipment	37,369.	35,195.	2,174.
Leasehold Improvements	515.	154.	361.
Total	<u>37,884.</u>	<u>35,349.</u>	<u>2,535.</u>

Supporting Statement of:

Form 990 p 2/Line 22-Non-Cash

Description	Amount
See attached gifts-in-kind recipients listing.	131,002.
Total	<u>131,002.</u>

Form 990 p 2: Line 42 column (A) _____

Depreciation is computed on the straight line basis over the estimated useful lives of the assets (5 years).

Sch. A, 990 p 2: Line 2b, Yes checkbox _____

Advances from Officer- Expenses incurred by Survivors and Victims Empowered paid for by Officer but not yet reimbursed; Interest Rate 9 to 12% - L. Philip Sheldon Jr., President:

Prior balance:	\$5,658
Paid in 2004:	\$5,658
Remaining balance:	\$0

Sch. A, 990 p 2: Line 2c, Yes checkbox _____

The President of the Organization uses a portion of the Organization's office space for business unrelated to the Organization.

Rent and Administration expenses attributed and charged to him is deemed to be \$844 and \$500 per month. The total amount incurred by the President during 2004 was \$6,750 for rent and \$6,000 for other expenses.

SURVIVORS AND VICTIMS EMPOWERED STATEMENT OF PURPOSE

Survivors And Victims Empowered is a charitable nonprofit organization created to help prevent the criminal neglect and physical, emotional and sexual abuse of children and to help survivors of these childhood traumas in the recovery process. The organization's goal is to join with other organizations in both the public and private sectors to stop the abuse of children and remedy the damage caused by this abuse. To that end, we work in cooperation with others to raise awareness of these problems and to offer and implement positive solutions. Activities in furtherance of these goals include those which:

- a. Provide platforms through radio and television and other mass media sources for leaders and personalities to spread an educational message in support of family values, including, but not limited to the prevention of child abuse and neglect, the prevention of substance abuse, the support of emotionally and physically abused and neglected children, and the improvement of the quality of life for children and families internationally.
- b. Inform the public as to ethical and moral matters which are being discussed, legislated or enacted in various governmental bodies in the United States. However, the corporation will not support or endorse political candidates nor lobby for the passage of legislation, except as provided by law.
- c. Promote children who have been physically and emotionally abused or neglected with financial and "in-kind" assistance for medical, psychiatric or psychological treatment that will allow recovery from the results of physical and emotional abuse or neglect, and improve the quality of life for the child.
- d. Provide education, assistance, counseling and treatment of families in which physical and emotional child abuse or neglect, or substance abuse, takes place, or is thought to take place, so that such abuse or neglect can be prevented, to insure that children of such families receive proper care and treatment, and to improve the quality of life for children internationally.
- e. Provide funding or other support to organizations that qualify as exempt organizations under Section 501 (c)(3) of the Internal Revenue Code, or corresponding sections of any future federal tax code, that are actively working toward the treatment and prevention of child abuse and neglect, or substance abuse, or that are actively involved in improving the quality of life for children internationally.
- f. Provide children who have been abused or neglected with physical or emotional relief and support through the provision of toys or other recreational or support items, through the provision of recreational or counseling activities, and through the provision of food, clothing, shelter, medicine, or other "in kind" assistance which will improve the quality of life for children internationally.
- g. Provide assistance to the federal, state and local governmental services by sharing the corporation's resources with said governments, assisting said governmental services through financial and "in kind" contributions and cooperating with said governmental services to lessen their burdens and to facilitate their services to the public.

IN KIND RECIPIENTS FYE 09-30-04

Boys and Girls Club of Lancaster
Robert Kiernan, Director
333 Dauphin Street
Lancaster, PA 17603

ChildSavers
Phyllis Gordon, President
14925 Bradwill Court
Rockville, MD 20850

Hosanna Christian Fellowship
29 Green Acre Road
Lititz, PA 17543

Wisconsin Foster and Adoptive Parents Association
Ann Rankin, President
7057 S. Lasch Lane
Lake Nebagamon, WI 54849

New York Foster Parents Association
Daisy Boyd, President
92-31 Union Hall Street, Room 3103
Jamaica, NY 11432

**SURVIVORS AND VICTIMS EMPOWERED
BOARD OF OFFICERS AND DIRECTORS**

Directors and Officers

L. Philip Sheldon	President
P. O. Box 3030	Lancaster, PA 17604
(717) 569-0550	

Janna Smiley	Vice President
48 DeSoto	North Little Rock, AR 72116
(501) 758-3680	

Ron L. Smedley	Secretary/Treasurer
Route 4, Box 47265	Winnsboro, TX 75494
(903) 365-3024	

Claire Reeves	Director
8023 Maxwellton Drive	Huntersville, NC 28078
(704) 895-0489	

Honorable Moneesa L. Hart	Director
33 Ruffian Drive	Stafford, VA 22554
(540) 286-3697	

Dianne K. Renfro	Comptroller/Assistant Secretary-Treasurer
P. O. Box 3030	Lancaster, PA 17604-3030
(717) 569-0550	

EXECUTIVE STAFF

James J. Hughes Jr.	Executive Director
P. O. Box 3030	Lancaster, PA 17604-3030
(717) 569-0550	

**SURVIVORS AND VICTIMS EMPOWERED IS REGISTERED TO SOLICIT
CHARITABLE CONTRIBUTIONS IN THE FOLLOWING JURISDICTIONS:**

**ALABAMA
ALASKA
ARIZONA-INCORPORATION AND CHARITABLE
ARKANSAS
CALIFORNIA
COLORADO
CONNECTICUT
FLORIDA AND PINELLAS COUNTY, FLORIDA
GEORGIA
HAWAII
ILLINOIS
INDIANA
IOWA
KANSAS
KENTUCKY AND JEFFERSON COUNTY, KENTUCKY
LOUISIANA
MAINE
MARYLAND
MASSACHUSETTS
MICHIGAN
MINNESOTA
MISSISSIPPI
MISSOURI
NEW HAMPSHIRE
NEW JERSEY
NEW MEXICO
NEW YORK
NORTH CAROLINA
NORTH DAKOTA
OHIO
OKLAHOMA
OREGON
PENNSYLVANIA
RHODE ISLAND
SOUTH CAROLINA
TENNESSEE
TEXAS
UTAH
VERMONT
VIRGINIA
WASHINGTON
WEST VIRGINIA
WISCONSIN**

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box. ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number	
	Survivors and Victims Empowered		86-0676254	
	Number, street, and room or suite number. If a P.O. box, see instructions			
	P.O. Box 3030			
	City, town or post office. For a foreign address, see instructions.		state	ZIP code
	Lancaster		PA	17604-3030

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until May 16, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year 20 ____ or
- ▶ ☒ tax year beginning Oct 1, 20 03, and ending Sep 30, 20 04.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Robert H. Ben-Kori, CPA Title ▶ Certified Public Accountant Date ▶ 2/7/2005

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12-2000)

COPY

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box. ☒ **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print	Name of Exempt Organization	Employer identification number
	Survivors and Victims Empowered	86-0676254
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS Use Only
	P.O. Box 3030	
File by the authorized filer date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Lancaster PA 17604-3030	

Check type of return to be filed (file a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (Section 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box ☐ **X**
 • If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN). If this is for the whole group, check this box ☐ If it is part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until Aug 15, 20 05.
 5 For calendar year 2003, or other tax year beginning Oct 1, 20 03 and ending Sep 30, 20 04.
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension:
Information necessary for completing the return is not yet available.
Such information will be available upon completion of the audit of the financial statements.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
 8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Robert D. Ben-Kori, CPA Title Certified Public Accountant Date 5/13/2005

Notice to Applicant – To be Completed by the IRS

- ☒ We have approved this application. Please attach this form to the organization's return.
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
☐ Other. _____

Director _____ By _____ Date JUN 03 2005

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Robert D. Ben-Kori, CPA
	Number and street (include suite, room, or apartment number) or a P.O. box number
	7214 Hadlow Drive
	City or town, province or state, and country (including postal or ZIP code)
	Springfield VA 22152